

BREA RANCH DENTISTRY – HIPAA PRIVACY ACT

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

I, _____ [Please print full legal name here], (the patient or the patients legal representatives), acknowledge that I have been presented with (and understand its terms and conditions) a copy of the Notice of Privacy Policy (the Policy of Brea Ranch Dentistry; Johnny Koo D.D.S. and Karen Koo D.D.S.), and have been offered a copy of such policy to keep for my records.

OR...

_____ [Please initial here] I hereby refuse to acknowledge receipt of the Policy and refuse to read or acknowledge any of the terms and conditions of the Policy. I understand that even though I may refuse to sign this acknowledgement, the Dentist(s) may still provide treatment to me.

_____	_____	_____
Print patients name	Patient or rep. signature	Date

FOR OFFICE USE ONLY

I _____ attempted to obtain the written acknowledgement of the receipt of the Privacy Polices of the Provider(s), but acknowledgement could not be obtained because:

_____ [Please initial here] Patient or patient's legal representative refused to sign

_____ [Please initial here] Insufficient communication with Patient or legal representative.

_____ [Please initial here] Emergency circumstances prevented securing acknowledgement

_____ [Please initial here] Other (Please specify)

Print Name & Title

Signature of Provider Representative

Date